GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS,
SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-2440 [Telephone]
www.sos.state.ga.us/plb/counselors

POST-MASTER'S EXPERIENCE UNDER DIRECTION AND SUPERVISION CONTRACT AFFIDAVIT

INSTRUCTIONS: **NO FAXED FORMS ACCEPTED.**

- The purpose of this Contract Affidavit is to define the employment relationship for the purpose of acquiring the required post-master's experience under the direction and supervision that will be applicable for licensure pursuant to O.C.G.A. § 43-10A et. seq.
- For the specific definitions of terms pertaining to specific licenses, see the Rules of the Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists (Chapter 135-5).
- In addition to the above, all contractual parties are required to adhere to all local, state, and federal laws and regulations pertaining to all aspects of this contractual agreement whether written or implied. This includes, but is not limited to, the payment of local, state and federal taxes, minimum wage guidelines, assessment and collection of fees, insurance reimbursement claims, etc.
- Independent private practice or practice under O.C.G.A. § 43-10A-7, sections (9), (10), (13), (14), (15), (16), or (17) is not acceptable as "employment " for the purposes of obtaining directed experience under supervision.
- **NOTE: You must complete a separate Contract Affidavit for each directed experience site and for supervisor.**
- **YOU MUST COMPLETE AND SUBMIT ALL 4 PAGES OF THIS FORM IN ITS ENTIRETY.**

PART I – APPLICANT
TO BE COMPLETED BY THE APPLICANT

NAME: _____
Last First Other {Middle/Maiden]

ADDRESS: _____
Street City State Zip Code

HOME TELEPHONE: ( ) | OFFICE TELEPHONE: ( )

SOCIAL SECURITY NUMBER: _____
This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. 19-11-1 and O.C.G.A. 20-3-295, 42 U.S.C.A. 551 and 20 U.S.C.A. 1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

LICENSE APPLIED FOR: ❒ LAPC ❒ LPC ❒ LMSW ❒ LCSW ❒ LAMFT ❒ LMFT

EDUCATION

DEGREE EARNED: ❒ Master's ❒ Master's Specialist ❒ Doctorate: ❒ Ph.D. ❒ Ed.D.

ADDITIONAL COURSEWORK (Attach additional sheets, if necessary.)

1. _____
Course Title College/University

2. _____
Course Title College/University

PRACTICUM/INTERNSHIP

Did you complete a Practicum/Internship as part of your degree program? ❒ Yes ❒ No
If "Yes," Name of Site: _____
Start Date: _____ End Date:_____
Name of Practicum/internship Supervisor who was Instructor of Record for the course: _____
LICENSED AS: ❒ LPC ❒ LCSW ❒ LMFT ❒ Psychologist ❒ Psychiatrist

VERIFICATION

I attest that I have read and understand O.C.G.A. Title 43, Chapter 10A, and Chapter 135 of the Board's Rules and I agree to comply completely with all laws of the State of Georgia and the Rules of the Composite Board governing the practice of any specialty licensed by the Board. Furthermore, I understand that I may not practice under O.C.G.A. § 43-10A-7(9),(10), (11), (14), (15), (16) and (17) while obtaining the required experience for licensure.

_____ _____
Date Signature of Applicant

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PART II – DIRECTED EXPERIENCE
TO BE COMPLETED BY THE DIRECTOR

INSTRUCTION:

- The purpose of DIRECTION is to provide ongoing administrative oversight by an employer or superior in the practitioner's area of specialty.
- The Director is responsible for assuring the quality of the services provided and ensuring that qualified clinical supervision or intervention occurs in situations that require expertise beyond that of the employee.
- The Director must be located on-site and is specifically responsible for ensuring regularly-scheduled reviews of employee compliance with the Rules of the Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists (Chapter 135) and all relevant federal, state, and local laws and regulations.
- **NOTE: Director and applicant (employee) must describe the content of the training experience and complete Part IV, Plan for Direction Section, on page 4.**

DIRECTOR

NAME:_____

TITLE/POSITION:

IF APPLICABLE: ❒ LPC ❒ LCSW ❒ LMFT ❒ Psychologist ❒ Psychiatrist

Date License Issued: Expires: State: Highest Earned Degree:

HOME TELEPHONE: ( ) | OFFICE TELEPHONE: ( )

EMPLOYMENT SITE

NAME OF EMPLOYMENT SITE:

ADDRESS:_____

Street City State Zip Code

OTHER PROFESSIONAL STAFF AT EMPLOYMENT SITE (Attach a Separate Sheet, if Necessary):

1. _____
   Name Degree License (If Applicable) Job Title
2. _____
   Name Degree License (If Applicable) Job Title
3. _____
   Name Degree License (If Applicable) Job Title
4. _____
   Name Degree License (If Applicable) Job Title
5. _____
   Name Degree License (If Applicable) Job Title

AFFIDAVIT AND SIGNATURES

I attest that I have read and understand O.C.G.A. Title 43, Chapter 10A, and Chapter 135 of the Board's Rules and I agree to comply completely with all laws of the State of Georgia and the Rules of the Composite Board governing the practice of any specialty licensed by the Board. Furthermore, I understand that I may not practice under O.C.G.A. § 43-10A-7(9),(10), (11), (14), (15), (16) and (17) while obtaining the required experience for licensure.

I do hereby affirm under penalty of perjury that all statements made and information contained above are true and correct to the best of my knowledge and belief. Further, I hereby authorize the release of any information relating to information contained in this form that may be necessary to verify the accuracy of the information contained herein.

_____

Signature of Applicant (Employee) Printed Name Date

Signature of Director Printed Name Date

Subscribed and sworn before me this _____
Day of _____, _____.

_____
Notary Public
My Commission Expires: _____ NOTARY SEAL

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PART III – SUPERVISION
TO BE COMPLETED BY THE SUPERVISOR

INSTRUCTIONS:

- "SUPERVISION" is the direct clinical review, for the purposes of training or teaching, by a supervisor of interaction with a client/s in order to promote the development of clinical skills. It may include, but is not limited to, the review of case presentations, audiotapes, videotapes, and direct observation.
- The supervisor assumes complete clinical responsibility for all clients.
- The supervisor **does not** have to be located on-site.
- IMPORTANT: The requirements to be eligible to serve as a supervisor differ for Professional Counseling, Social Work and Marriage and Family Therapy. The number of hours and type (individual and/or group) of supervision is also specific to each license. See Chapter 135-5, Rules of the Composite Board of Professional Counselors, Social Workers and Marriage and Therapists for the precise requirements.
- NOTE: SUPERVISOR and APPLICANT (Employee) must complete PART V, Plan for Supervision, on page 4.

SUPERVISOR

NAME OF SUPERVISOR:

TITLE/POSITION:
IF APPLICABLE: ❒ LPC ❒ LCSW ❒ LMFT ❒ Psychologist ❒ Psychiatrist
Date License Issued: Expires: State: Highest Earned Degree:

HOME TELEPHONE: ( ) | OFFICE TELEPHONE: ( )

SUPERVISOR'S EMPLOYMENT SITE:

ADDRESS: _____
Street City State Zip Code

Do you have any current or prior relationship with the applicant/employee? ❒ No ❒ Yes If "Yes," please explain:

MFT SUPERVISORS:

1. Do you intend to supervise this applicant for licensure as a Marriage and Family Therapist or Associate Marriage and Family Therapist? ❒ Yes ❒ NO
2. If "Yes," have you obtained one of the following required designations?
   ❒ Board Approved MFT Supervisor ❒ AAMFT Approved Supervisor
   Supervisor's Name: _____

☞ See Board Rule 135-5-.06 for specific information.

AFFIDAVIT AND SIGNATURES

I attest that I have read and understand O.C.G.A. Title 43, Chapter 10A, and Chapter 135 of the Board's Rules and I agree to comply completely with all laws of the State of Georgia and the Rules of the Composite Board governing the practice of any specialty licensed by the Board. Furthermore, I understand that I may not practice under O.C.G.A. § 43-10A-7(9),(10), (11), (14), (15), (16) and (17) while obtaining the required experience for licensure.

I do hereby affirm under penalty of perjury that all statements made and information contained above are true and correct to the best of my knowledge and belief. Further, I hereby authorize the release of any information relating to information contained in this form that may be necessary to verify the accuracy of the information contained herein.

_____
Signature of Applicant (Employee) Printed Name Date

Signature of Supervisor Printed Name Date

Subscribed and sworn before me this _____
Day of _____, _____.

_____
Notary Public
My Commission Expires: _____ NOTARY SEAL

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PART IV – TRAINING EXPERIENCE AND PLAN FOR DIRECTION

INSTRUCTIONS:

- To be completed by the director and applicant (employee). Use additional sheets, if necessary.
- Describe in detail below the content of the training experience and the specific plan for "Direction."
- The plan must include, but is not limited to: 1) A description of the nature of the services being provided to the public; 2) the wages, salaries or other monetary considerations; and 3) a description of and declaration that both the direction and supervision occur on a regular basis.

PLAN FOR DIRECTION:

Signature of Director	Date	Signature of Applicant (Employee)

PART V – PLAN FOR SUPERVISION

INSTRUCTIONS:

- To be completed by the director and applicant (employee). Use additional sheets, if necessary.
- Describe the specific "Supervision Plan" for this applicant (supervisee).
- "Supervision" means the direct, i.e., face-to-face, clinical review for the purpose of training, teaching, and promoting the development of clinical skill by a supervisor of a supervisee's interaction with a client/s. Supervision may include, but is not limited to, the review of case presentations, audio tapes, video tapes, and direct observations.
- **CONTRACT/AFFIDAVIT MUST SPECIFY THE NUMBER OF HOURS PER WEEK TO MEET THE 30 MINIMUM HOURS PER YEAR.**

PLAN FOR SUPERVISION:

Signature of Supervisor	Date	Signature of Applicant (Employee)
DATE APPROVED BY BOARD:	STANDARDS COMMITTEE: □ PC □ SW □ MFT	

Standards Committee Member	Standards Committee Member	Standards Committee Member